SENATE BILL No. 505

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15.

Synopsis: Physician Medicaid reimbursement rates. Requires the office of Medicaid policy and planning to increase physician reimbursement in Medicaid managed care programs, fee for service programs, and demonstration projects by 10% in 2007 and 10% in 2008.

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Effective: July 1, 2007.

Miller

January 23, 2007, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

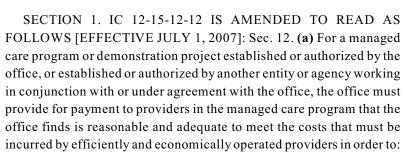
Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

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SENATE BILL No. 505

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:



- (1) provide care and services in conformity with applicable state and federal laws, regulations, and quality and safety standards; and
- (2) ensure that individuals eligible for medical assistance under the managed care program or demonstration project have reasonable access (taking into account geographic location and reasonable travel time) to the services provided by the managed care program.
- (b) In addition to the requirements under subsection (a), the



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1	office shall establish payments to a physician licensed under
2	IC 25-22.5 who provides physician services under a managed care
3	program or demonstration project established or authorized by the
4	office using the following:
5	(1) Beginning July 1, 2007, and ending June 30, 2008,
6	payments that represent a ten percent (10%) increase of the
7	Medicaid reimbursement rates used January 1, 2007.
8	(2) Beginning July 1, 2008, payments that represent a ten
9	percent (10%) increase of the Medicaid reimbursement rates
10	used January 1, 2008.
11	SECTION 2. IC 12-15-13-2 IS AMENDED TO READ AS
12	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 2. (a) Except as
13	provided in IC 12-15-14 and IC 12-15-15, payments to Medicaid
14	providers must be:
15	(1) consistent with efficiency, economy, and quality of care; and
16	(2) sufficient to enlist enough providers so that care and services
17	are available under Medicaid, at least to the extent that such care
18	and services are available to the general population in the
19	geographic area.
20	(b) If federal law or regulations specify reimbursement criteria,
21	payment shall be made in compliance with those criteria.
22	(c) In addition to the requirements under subsection (a), the
23	office shall establish payments to a physician licensed under
24	IC 25-22.5 who provides physician services under a fee for service
25	program or the Medicaid primary care case management program
26	using the following:
27	(1) Beginning July 1, 2007, and ending June 30, 2008,
28	payments that represent a ten percent (10%) increase of the
29	Medicaid reimbursement rates used January 1, 2007.
30	(2) Beginning July 1, 2008, payments that represent a ten
31	percent (10%) increase of the Medicaid reimbursement rates
32	used January 1, 2008.

